



Allergy and Anaphylaxis Safety Policy

| Rednock School

| **Where everyone matters**



Allergy and Anaphylaxis Policy

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1. Introduction and Aims

An allergy is a reaction of the body's immune system to substances that are usually harmless. The reaction can cause minor symptoms such as itching, sneezing or rashes but sometimes causes a much more severe reaction called anaphylaxis.

Anaphylaxis is a serious, life-threatening allergic reaction. The whole body is affected often within minutes of exposure to the allergen, but sometimes it can be later. Causes can include foods, insect stings, and drugs.

Most healthcare professionals consider an allergic reaction to be anaphylaxis when it involves difficulty breathing or affects the heart rhythm or blood pressure. Anaphylaxis symptoms are often referred to as the ABC symptoms (Airway, Breathing, Circulation).

It is possible to be allergic to anything which contains a protein, however most people will react to a fairly small group of potent allergens.

Common UK allergens include (but are not limited to):-

Peanuts, Tree nuts, Sesame, Milk, Egg, Fish, Latex, Insect Venom, Pollen and Animal Dander.

This policy aims to:

- Set out our school's approach to allergy management, including reducing the risk of exposure and the procedures in place in case of allergic reaction.
- Make clear how Rednock School supports pupils with allergies to ensure their wellbeing and inclusion.
- Promote and maintain allergy awareness among the school community.

2. Legislation and Guidance

This policy is based on the Department for Education (DfE)'s guidance on allergies in school and supporting pupils with medical conditions in school, the Department of Health and Social Care's guidance on using emergency adrenaline auto-injectors in schools, and the following legislation:

- The Food Information Regulations 2014
- The Food Information (Amendment) (England) Regulations 2019

3. Allergy lead Roles and Responsibilities

The nominated Allergy Lead is School Business Manager

They're responsible for:

- Promoting and maintaining allergy awareness across our school community
- Recording and collating allergy and special dietary information for all relevant pupils
- Ensuring all allergy information is up to date and readily available to relevant members of staff
- All staff receive an appropriate level of allergy training
- All staff are aware of the school's policy and procedures regarding allergies
- Review this policy annually in line with the First Aid and Supporting Students with medical conditions policies

School First Aider

The school first aider is responsible for:

- Co-ordinating the paperwork and information from families.
- Co-ordinating medication from families
- Keeping stock and checking spare Adrenaline Auto-Injectors (AAI's) are in date.
- Keeping a register of pupils who have been prescribed and AAI and a record of use of any AAI's and emergency treatment given
- Ensuring that any near misses or reactions are recorded and reported internally or in accordance with RIDDOR.

Parent Responsibilities

Parents/Carers of students with allergies are responsible for:

- Being aware of the school's allergy policy
- Providing the school with up-to-date details of their child's medical needs, dietary requirements, and any history of allergies, reactions or anaphylaxis
- If required providing their child with two in date adrenaline auto-injectors and any other medication, including inhalers, antihistamine etc and making sure these are replaced in a timely manner.
- Carefully considering the food they provide to their child as packed lunches and snacks, and trying to limit the number of allergens included
- Supplying the school with a copy of their child's Allergy action plan (BSACI plans preferred) to school. If they do not currently have an allergy action plan this should be developed as soon as possible with a healthcare professional

Student's Responsibilities

Students are responsible for:

- Having a good awareness of their symptoms and to let an adult know as soon as they suspect they are having an allergic reaction
- Being aware of allergens and the risk they pose to themselves or others with allergies
- Understanding how and when to use their adrenaline auto-injector
- If they are confident, carrying their Adrenaline auto-injector and other medication on their person and only using it for its intended purpose

4. Allergy Action Plans

Allergy action plans are designed to function as individual healthcare plans for children with food allergies, providing medical and parental consent for schools to administer medicines in the event of an allergic reaction, including consent to administer a spare adrenaline auto-injector.

British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plans are produced by a medical professional and should not be created by school. This is a national plan that has been agreed by the BASCI, Anaphylaxis UK and Allergy UK.

5. Identifying Children, Young People, Staff and Visitors With Allergies

Rednock school will keep an allergy register that will identify individuals with allergies. This register will contain information about the individual's known allergens, whether they carry medication (for example, Adrenaline Auto-Injectors (AAI's) devices, and if they have an allergy action plan.

All individuals identified as having an allergy will have a medical care plan which will include the following key information:

- Emergency contact details for the individual's parents, carers or family

- What the individual's known allergens are and whether the allergen is ingested, inhaled or absorbed
- Whether the individual has an allergy action plan; if so, it will be attached to the medical care plan
- Whether the individual has been prescribed adrenaline devices and, if so, what make and dosage it is
- Whether there is prior medical and parental consent for a 'spare' adrenaline device or asthma reliever inhaler to be used (notwithstanding that in an emergency situation that could not be foreseen, a spare adrenaline device can be used without prior parental consent)
- Whether the individual also has asthma; if so, there should be an asthma plan attached to the medical care plan; this should include whether there is parental consent to use an emergency asthma reliever inhaler in an emergency

In order to gather this key information for children and young people starting Rednock school in year 7, Rednock school will follow the following process:

1. Parents/carers will be sent a Google form to gather admission information, this will include declaring if the child or young person has a medical condition
2. Those children and young people identified as having a medical condition will be asked to complete an online 'Medical Care Plan'
3. The school first aider will review all new medical care plans and will arrange to meet or talk with parents or carers if needed
4. The school first aider will input all data onto Provision Maps so it can be accessed by all staff centrally
5. The child or young person will be added by the school first aider to the allergy and asthma register
6. The school first aider will complete a 'Staff Knowledge Poster' for those children who carry Adrenaline devices. These knowledge posters will be displayed in all staff only workbases
7. The school catering system will be updated with an alert that identifies children and young people who have allergies
8. Medical care plans will be reviewed annually or before if anything changes

For children and young people starting 'In Year' the above arrangement will be in place within two weeks.

For members of staff, arrangements should be in place for when they commence work.

For visitors, information on allergies should be sought in advance of their visit wherever possible.

6. Assessing Risk

Children and young people with medical conditions (Including allergy) are vulnerable to a number of risks which need to be managed and mitigated. Rednock school will aim to ensure that these do not become barriers to accessing and being in education, as these are essential to children's and young people's well being and attainment.

The school will conduct a whole school risk assessment aimed at minimising allergy risk.

For students with allergies and any students newly diagnosed, to help identify any gaps in our systems and processes for keeping allergic children safe. The school will conduct an individual risk assessment for any student at risk of anaphylaxis taking part in:

- Lessons such as food technology
- Science experiments involving foods
- Crafts using food packaging

- Off site events and school trips
- Any other activities involving animals or food

7. Managing Risk

7.1 Hygiene Procedures

In order to reduce the risk of contamination Rednock school will:

- Remind pupils to wash their hands before and after eating
- Remind pupils that the sharing of food is not allowed
- Encourage pupils to bring their own named water bottle.

7.2 Catering

The school is committed to providing safe food options to meet the dietary needs of pupils with allergies.

- Catering staff will receive appropriate training and are able to identify pupils with allergies.
- School menus are available for parents/carers to view with ingredients clearly labelled
- Where changes are made to the school menu, we will make sure these continue to meet any special dietary requirements
- Food allergen information relating to the 'top 14' allergens is displayed on the packaging of all food products, allowing students and staff to make safer choices. Allergen information labelling will follow all legal requirements that apply to naming the food and listing ingredients, as outlined by the food standards
- Catering staff will follow hygiene procedures when preparing food to avoid cross contamination

The schools menu is available for parents/carers to view in advance with all ingredients listed and allergens highlighted on the school website at <https://rednockschool.org.uk/school-catering/>

7.3 Food Restrictions

We acknowledge that it is impractical to enforce an allergen-free school. However, we would like to encourage pupils and staff to avoid certain high-risk foods to reduce the chances of someone experiencing a reaction.

These foods include:

- Packaged nuts
- Cereal, granola or chocolate bars containing nuts
- Peanut butter or chocolate spread containing nuts
- Peanut-based sauces, such as satay
- Sesame seeds and food containing sesame seeds

If a pupil brings these foods into school, they may be asked to eat away from others to minimise the risk, or the food may be confiscated.

7.4 School trips, Visits and Sport's Fixtures

Rednock school will aim to enable children and young people with medical conditions (including allergy) to participate fully and safely on trips, visits and sport's fixtures.

A risk assessment will be carried out by the trip leader to ensure children and young people with medical conditions are included.

Staff will be aware of how a child or young person's medical condition will impact on their participation on trips, visits and sport's fixtures, but there should be enough flexibility for all children

and young people to participate according to their own abilities and with reasonable adjustments if they are disabled.

Children and young people at risk of anaphylaxis should carry their own Adrenaline Auto-Injector with them, and there should be staff trained to administer adrenaline in an emergency.

There will be one spare adrenaline auto- injector kept in the first aid kit on each minibus for use in an emergency.

7.5 Breakfast Clubs and After School Clubs

Rednock school will support children and young people with medical conditions to have arrangements apply at all times when the child or young person is in the care of the school. This includes during before-school provision, free breakfast clubs and after school clubs. Whether delivered directly by the school or through a third-party provider, operating on or in the vicinity of the school site.

Children and young people with medical conditions (including allergies, intolerances and Coeliac disease) will not be prevented from accessing free breakfast clubs or other extended school provision as a result of their medical condition.

Appropriate arrangements will be in place to ensure that they can participate fully, safely and inclusively including:

- Suitable training for staff or volunteers delivering breakfast or after-school provision
- Access to medication and emergency treatment plans during the club session
- Staff awareness of medical care plans, including allergy and/or asthma action plans, where relevant
- Safe food handling and allergen risk management during food preparation and service
- Reasonable provision of alternative food options for children and young people with allergies, intolerances and coeliac disease

7.5 Support for Mental Health and Wellbeing

Children and young people with medical conditions often report feeling different to their peers. They can often feel isolated or exposed to bullying. There are risks to the child or young person's mental wellbeing, for example if they are coming to terms with a new diagnosis or as they get older and begin to appreciate the conditions implications for their identity and life.

Serious incidents (or the risk of them) will clearly impact the wellbeing of the individual and their family, often causing considerable anxiety. Equally, we cannot overlook the emotional impact an incident will have on those around them - whether staff, or other children and young people.

Pupils with allergies will have additional support through:

- Pastoral care
- Regular check in's with their tutor

8 . Emergency Treatment and Management of Anaphylaxis and Asthma

What to look for:

Symptoms usually come on quickly, within minutes of exposure to the allergen.

Mild to moderate allergic reaction symptoms include:

- A raised rash (known as hives or urticaria) anywhere on the body
- A tingling or itching feeling in the mouth
- Swelling of lips, face or eyes
- Stomach pain or vomiting

More serious symptoms are often referred to as the ABC symptoms and can include:

- **AIRWAY** – Swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing)
- **BREATHING** – sudden onset wheezing, breathing difficulty, noisy breathing
- **CIRCULATION** – Dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness

The term for this more severe reaction is anaphylaxis. In extreme cases there could be a dramatic fall in blood pressure. The person may become weak and floppy and may have a sense of something terrible happening. This may lead to unconsciousness and collapse and, on rare occasions, can be fatal.

Anaphylaxis can develop very rapidly, so a treatment is needed that works rapidly. Adrenaline is the mainstay of treatment, and it starts to work within seconds.

What does adrenaline do?

- It opens up the airways
- It stops swelling
- It raises the blood pressure

As soon as anaphylaxis is suspected, adrenaline must be administered without delay. Action:

- **Keep the child where they are, call for help and do not leave unattended**
- **LIE THE CHILD FLAT WITH LEGS RAISED** – they can be propped up if struggling to breath but this should be for as little time as possible
- **USE ADRENALINE AUTO-INJECTOR WITHOUT DELAY** and note the time given. AAI's should be given into the muscle on the outer thigh. Specific instructions vary by brand – always follow the instructions on the device
- Call **999** and state **ANAPHYLAXIS (ana-fil-axis)**
- If no improvement after 5 minutes, administer second AAI
- If no signs of life commence CPR
- Call parent/carers as soon as possible

While waiting for the ambulance, keep the child where they are. Do not stand them up, or sit them in a chair, even if they are feeling better. This could lower their blood pressure drastically, causing their heart to stop.

Immediate action for acute asthma attacks:

- Sit upright - keep calm and sit up straight to help their breathing
- Use reliever inhaler - Take one puff every 30 -60 seconds, up to a maximum of 10 puffs
- Seek emergency care - call emergency services if you have a severe attack, do not have an inhaler, or if symptoms do not improve after 10 puffs

If the allergy causes a severe reaction (Anaphylaxis) with symptoms like a closing throat, or severe breathing difficulties, **Use an Adrenaline Auto-Injector first**, then use the asthma reliever inhaler.

All pupils must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can occur after treatment.

As part of the whole-school approach to allergies, all staff are trained in the schools allergic reaction procedure, and to recognise the signs of anaphylaxis and respond appropriately.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent/carer arrives, or accompany the pupil to hospital by ambulance.

If the allergic reaction is mild (e.g. skin rash, itching, sneezing), the pupil will be monitored and the parents/carer informed.

9. Supply, Storage and Care of Medication

Depending on their level of understanding and competence, pupils will be encouraged to take responsibility for and to carry their own AAI on them at all times in a suitable bag/container. A second AAI will be kept in the first aid room.

For younger children or those who are not ready to take responsibility for their own medication, there should be an anaphylaxis kit which is kept within 5 minutes of them, not locked away and **accessible to all staff**.

Medication should be stored in a suitable container and clearly labelled with the pupil's name. The pupils medication storage container should contain:

- Two AAI's i.e. EpiPen or Jext
- An up-to-date allergy action plan
- Antihistamine as tablets or syrup (if included on the allergy action plan)
- Spoon if required
- Asthma inhaler (if included on allergy action plan)

It is the responsibility of the child's parent to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however the First Aider will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.

Storage

AAI's should be stored at room temperature, protected from direct sunlight and temperature extremes.

Disposal

AAI's are single use only and must be disposed of as sharps. Used AAI's can be given to ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin. Sharps bins to be obtained from and disposed of by a clinical waste contractor. The sharps bin is kept in the First aid room.

10. 'Spare' Adrenaline Auto-Injectors in School

Rednock school has purchased a number of spare AAI's for emergency use in children who are at risk of anaphylaxis, but their own devices are not working or are unavailable, or they are experiencing anaphylaxis for the first time.

10.1 Purchasing of Spare AAIs

The allergy lead is responsible for buying AAIs and ensuring they are stored according to guidance.

- The spare AAI will be purchased from a local pharmacy such as, Dursley Family Pharmacy.

- The school will purchase 9 spare AAI's, Two will be kept in Emergency anaphylaxis kits located in the first aid room, The sports hall, and the AWP changing rooms. One spare AAI will also be kept in the first aid kits located on each minibus (2), and one will be kept in the trip first aid kit.
- Rednock School will purchase a spare AAI under the brand name Jext.
- In accordance with the Resuscitation council UK age-based criteria, the dose purchased is 300 micrograms.

10.2 Storage of spare AAI's

The allergy lead will make sure AAI's are:

- Stored at room temperature (in line with the manufacturer's guidelines), protected from direct sunlight and extremes of temperature
- Kept in a safe and suitably central location to which all staff have access at all times, but is out of reach and sight of children
- **Not** locked away, but accessible and available for use at all times
- **Not** located more than 5 minutes away from where they may be needed
- Clearly labelled to avoid confusion

10.3 Maintenance of Spare AAI's

The allergy lead and school first aider are responsible for checking monthly that:

- The AAI's are present and in date
- Replacement AAI's are obtained when the expiry date is near

10.4 Disposal

AAI's can only be used once. Once an AAI has been used, it will be disposed of in line with the manufacturers instructions

10.5 Use of AAI's Off School Premises

Pupils at risk of anaphylaxis who are able to administer their own AAI's should carry their own AAI with them on school trips and off-site events, however one spare adrenaline auto injector will be kept in the first aid kit located on each minibus, and one spare will kept in the Trip first aid kit.

11. Serious Incidents

Children and young people who have medical conditions and allergies may be at a heightened risk as a result of their medical condition or allergy. Mistakes in responding to medical conditions can have very serious consequences which can result in a short or long-term deterioration in their health, hospitalisation or, in very rare cases, death.

- A **serious incident** is any event relating directly to a medical condition (including allergy) in which a child, young person, member of staff or visitor with a medical condition or allergy is harmed or is placed at an immediate and significant risk of harm, including situation requiring emergency medication, urgent clinical intervention or attendance by emergency services.
- A **near miss** is an event relating directly to a medical condition (including allergy) that did not result in harm but had the clear potential to do so.

12. Incident Recording and Reporting

Rednock school will ensure any serious incident or near miss involving a child, young person, staff or visitor with a medical condition or allergy is recorded as soon as feasible.

The report will set out:

- **Who** was affected
- **What** happened, **when** and **where**
- **Why** the incident occurred (as far as is known)
- **How** staff and students responded; **what** was done to support the individual; whether **emergency services** were called
- **How** the incident concluded

The report will be shared with the child's parents or carers, the young person or the individual involved. The report should always be shared with the governing body, since the governor responsible for medical conditions and/or allergy will need to consider what lessons to learn and whether changes are required to the school's medical conditions and/or allergy safety policies. Any learning should be shared with staff so they can act on them, reducing the chance of an incident reoccurring.

It may also be necessary to share the report with other agencies:

- Schools acting as a food business must report any allergen related food safety incidents to their local authority
- Schools must report incidents which arose directly from the way they undertook a work activity and which resulted in death or immediate hospitalisation to the health and safety executive

Schools that operate as food businesses should record and review all allergen incidents and near-misses and, where appropriate, seek advice from their local authority environmental health team or Primary Authority. A legal duty to notify external authorities applies only when unsafe food has been supplied. Where a child or young person has been supplied unsafe food (for example, food containing an undeclared allergen), the food business must follow the Food Standards Agency's incident procedures, which may include withdrawing the food and, where necessary, recalling it. Near-misses and incidents that do not involve unsafe food being supplied are not subject to statutory notification, but should be recorded and used for learning and improvement. Incorrect allergen information or near-misses that do not result in unsafe food being supplied are not subject to any statutory notification duty. These events should, however, be recorded and reviewed, and, where proportionate, discussed with the local authority environmental health team or Primary Authority

13. Staff Training

Staff will complete allergy and anaphylaxis training annually, and on an ad-hoc basis during induction of new staff.

Training includes:

- Knowing the common allergens and the triggers of anaphylaxis
- Spotting the signs and symptoms of an allergic reaction and anaphylaxis. Early recognition of symptoms is key, including knowing when to call for emergency services
- Administering emergency treatment (including AAI) in
- the event of anaphylaxis – knowing how and when to administer the medication/device
- Measures to reduce the risk of a child having an allergic reaction e.g. allergen avoidance, knowing who is responsible for what
- Managing allergy action plans and ensuring they are up to date
- Where AAI are kept on the school site, and how to access them
- The wellbeing and inclusion implications of allergies

14. Allergy Awareness

Rednock school supports the approach by Anaphylaxis UK towards nut bans/nut free schools. We would not necessarily support a blanket ban on any particular allergen in any establishment, including in schools. This is because nuts are only one of many allergens that could affect students, and no school could guarantee a truly allergen free environment for a child living with a food allergy. We advocate instead for schools to adopt a culture of allergy awareness and education. A 'Whole school awareness of allergies' is a much better approach, as it ensures teachers, students and all other staff are aware of what allergies are, the importance of avoiding the student's allergens, the signs and symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

15. Useful Links

Anaphylaxis UK – <https://www.anaphylaxis.org.uk>

- Safer school programme – <https://www.anaphylaxis.org.uk/education/safer-schools-programme>
- AllergyWise for schools online training – <https://www.allergywise.org.uk/p/allergywise-for-schools1>

Allergy UK – <https://www.allergyuk.org>

- Whole school allergy and awareness management – <https://www.allergyuk.org/schools/whole-school-allergy-awarenessandmanagement>

Spare Pens in Schools - <http://www.sparepensinschools.uk>

Department for Education Supporting Pupils at School With Medical Conditions – <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachmentdata/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf>

Department of Health Guidance On The Use Of Adrenaline Auto-Injectors in Schools – https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachmentdata/file/645476/adrenaline_auto_injectors_in_school.pdf

Food Allergy Quality Standards (The National Institute for Health and Care Excellence, March 2016) - <https://www.nice.org.uk/guidance/qs118>

16. Links to Other Policies

This policy links to the following policies:

- Accessibility Plan
- Supporting Students with Medical Needs
- Equality Information and Objectives
- First Aid
- Health and Safety
- Child Protection Policy
- SEND Policy